



ORIGIN (POSTAL USE ONLY)

PO ZIP Code 10017	Day of Delivery <input type="checkbox"/> Next <input checked="" type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date In 8/18/03	Postage S 602 15	Return Receipt Fee 80017
Mo. Day Year Mo. Day Year	12 Noon <input type="checkbox"/> 3 PM <input type="checkbox"/>	
Time In 0644	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	
Weight .25 lbs. 6.8 ozs.	Int'l Alpha Country Code AC	COD Fee S 602
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials AC	Insurance Fee 80017

CUSTOMER USE ONLY
METHOD OF PAYMENT:
Express Mail Corporate Acct. No.

FROM: (PLEASE PRINT)

PHONE **212 799 2842**

PENNIE & EDMONDS LLP
1155 AVENUE OF THE AMERICAS
FL 17
NEW YORK **NY 10036-2720**



UNITED STATES POSTAL SERVICE®

Post Office To Addressee

DELIVERY (POSTAL USE ONLY)

Delivery Attempt Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Date Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

SWAVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if delivery signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent. If delivery employee judges that article can be left in absence of addressee, delivery is made. I further authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY HOLIDAY Customer Signature

Federal Agency Acct. No. or
Postal Service Acct. No.

TO: (PLEASE PRINT)

PHONE **1**

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